

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

|                                               |                                                                                   |                                                                                                           |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>ANNUAL REPORT<br/>1995</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Moriham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-----------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

**APPROVED  
AND  
FILED**  
 95 MAR -7 AM 9:03  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # G51743 (4)**

1. Corporation Name  
**T. J. DENNARD CONSTRUCTION, INC.**

|                                                                                                                  |                                                                                                      |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| Principal Place of Business<br><b>% DENIS M. BURGOON, ESQ.<br/>1670 ATLANTIC BLVD.<br/>JACKSONVILLE FL 32207</b> | Mailing Address<br><b>% DENIS M. BURGOON, ESQ.<br/>1670 ATLANTIC BLVD.<br/>JACKSONVILLE FL 32207</b> |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE.

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>07/28/1983</b>                                                                                                      | 3a. Date of Last Report<br><b>02/08/1994</b>           |
| 4. FEI Number<br><b>59-2307742</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                          | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                        |

|                                                                                               |                                                                                    |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

**BURGOON, DENIS M., ESQ.  
1670 ATLANTIC BLVD.  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83                                                    |
| 84 City                                               |
| 85 Zip Code                                           |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                   |                                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------------------------|-----------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br><b>DP</b>                           | NAME<br><b>DENNARD, T J</b>             | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>3878 SAN BERNADO DR</b> | CITY- ST- ZIP<br><b>JACKSONVILLE FL</b> | 1.2 NAME                                              |                                                                              |
|                                              |                                         | 1.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 1.4 CITY- ST- ZIP                                     |                                                                              |
| TITLE<br><b>ST</b>                           | NAME<br><b>DENNARD, DIANNE S.</b>       | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS<br><b>3878 SAN BERNADO DR</b> | CITY- ST- ZIP<br><b>JACKSONVILLE FL</b> | 2.2 NAME                                              |                                                                              |
|                                              |                                         | 2.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 2.4 CITY- ST- ZIP                                     |                                                                              |
| TITLE<br><b>VP</b>                           | NAME<br><b>DENNARD, THOMAS M.</b>       | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS<br><b>2417 UNA DRIVE</b>      | CITY- ST- ZIP<br><b>JACKSONVILLE FL</b> | 3.2 NAME                                              |                                                                              |
|                                              |                                         | 3.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 3.4 CITY- ST- ZIP                                     |                                                                              |
| TITLE                                        | NAME                                    | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                               |                                         | 4.2 NAME                                              |                                                                              |
| CITY- ST- ZIP                                |                                         | 4.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 4.4 CITY- ST- ZIP                                     |                                                                              |
| TITLE                                        | NAME                                    | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                               |                                         | 5.2 NAME                                              |                                                                              |
| CITY- ST- ZIP                                |                                         | 5.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 5.4 CITY- ST- ZIP                                     |                                                                              |
| TITLE                                        | NAME                                    | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS                               |                                         | 6.2 NAME                                              |                                                                              |
| CITY- ST- ZIP                                |                                         | 6.3 STREET ADDRESS                                    |                                                                              |
|                                              |                                         | 6.4 CITY- ST- ZIP                                     |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: D.S. Dennard Sec/Treas 2/28/95 904731-1452  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Notary Public # \_\_\_\_\_